Program Requirements Checklist
(All documents to be submitted in pdf form to program director at the same time)

Item	Description
	Official Transcripts sent to Program Director email
	Primary Care michelle.dunne@va.gov
	Mental Health kasey.dean@va.gov
	National Certification (ANCC/AANP preferred)
	State Nurse Practitioner Licensure (Nevada Preferred)
	Application (VA 10-2850)
	 500 Word (or less) Interest Statement answering the following questions: Reasons for wanting to complete a Nurse Practitioner Residency Motivation for working with the Veteran population How you plan on addressing ICARE values with your Veteran patients
	 Three (3) letters of reference (academic instructor, preceptor, employer/co-worker) A paragraph or sentence explaining how you know the applicant and the nature of your relationship. An honest evaluation of the applicant's skills and accomplishments. Try to include specific examples. A statement or summary that explains why you would recommend the applicant for the residency program.
	Letters must be sent as a pdf with a formal-time stamped electronic signature or a wet/handwritten signature.
	Curriculum Vitae (CV)
	 Include dates and years of experience including leadership skills & skills applicable to your new nurse practitioner role
	 Provide dates and degrees earned, include schools attended and grade point average
	Discuss clinical experiences during nurse practitioner school. Include the number of clinical hours and types of patient experiences
	Construct an appeasing but professional appearance for your CV
	 Include membership to professional organizations/awards, roles in received in the last three years
	Discuss any participation activities in research activities or professional presentations
	Send an email to the program director requesting a return encrypted email to turn in all of the required documents in a secure manner.
	All documents must be turned in at once in pdf format (except official transcripts).

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8.19.2021 mrd